Department of Veterans' Affairs –
Coordinated Veterans' Care Program

Patient Treatment Report User Guide

Australian Government
Department of Veterans' Affairs

CVC
Coordinated Veterans' Care Program

Patient Treatment Report User Guide

Introduction

About the Coordinated Veterans' Care Program

The Coordinated Veterans' Care (CVC) Program is a new Department of Veterans' Affairs (DVA) program to better manage and coordinate primary and community care for Gold Card holders who are most at risk of being admitted or readmitted to hospital.

The CVC Program is focussed on providing additional support for veterans and war widow/ers with one or more chronic diseases or conditions, and who have been identified as having complex care needs. Through improved community based care, the program is intended to improve the health of participants by:

- providing ongoing planned and coordinated care from their general practitioner (GP) and a nurse coordinator
- educating and empowering participants to self manage their conditions
- encouraging the most socially isolated to participate in community activities.

To assist you in providing this support, the Patient Treatment Report has been developed to provide insight into your patient's medical history and display potential opportunities for optimising patient care.

The Patient Treatment Report

The Patient Treatment Report (PTR) is a practice support tool that has been designed to provide evidence-based care for the management of chronic illness. **The PTR does not, nor is it intended to, replace your professional clinical judgement as the patient's treating general practitioner.**

Information in the PTR is compiled from DVA payment data, and has been used to identify potential gaps in patient care through the analysis of a patient's medical and hospital admission history. Due to the timing of when claims are submitted for processing, we understand the information contained in the report may not be fully reflective of your current patient records.

The PTR will provide you with information to:

- identify opportunities for optimising patient care
- maintain a comprehensive view of your patients' care.

Important information about the Patient Treatment Report

Information in the PTR is compiled from payment data received by DVA. Payment data included in the report may not be as up to date as the information contained in your patient records. If the report does not list a test or treatment, it does not mean the test or treatment has not occurred. However, it does indicate that DVA has no record of the test or treatment being performed in the relevant period.

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Patient treatment report as at 31/07/2011
DR A SAMPLE

1 Patient: JOHN SAMPLE
DVA Identifier: XXXXXX
Age: 85
Gender: M
2 Admission Risk Rank: 84

Chronic and other high risk conditions
Claims data indicate that your patient has the following conditions:

3

CVC targeted chronic conditions				
CAD				

4

Other high risk conditions				
Cancer				

5 **Services received in the previous 12 months**
Where applicable, further information on recent hospitalisations and medications is included in the attached history.

Overnight Admissions	Same Day Admissions	Specialist Visits	GP Visits 6	VHC Hours	CN Visits	AHP Visits	Total Filled Medications
0	0	1	27	0	0	12	16

Patient history report for the past 6 months

Overnight Admissions	Discharge	Diagnosis Code and Description	Procedure Code and Description 7
None			

Allied Health Professionals (AHP) history for the past 3 months

Type of Allied Health Professional	Number of visits	Last visit
Diabetes Educators	1	23/08/2011
Exercise Physiologists	4	13/07/2011
Orthotists	2	02/07/2011
Osteopathic	1	01/07/2011

Medication history for the past 3 months

Medication	Strength	No. Filled	Date Last Filled
BETAMETHASONE DIPROPIONATE	Cream 500 micrograms (base) per g (0.05%), 15 g	6	23/05/2011
CEPHALEXIN	Capsule 500 mg	4	4/06/2011
v SODIUM	Tablet 20 mg	7	19/05/2011

8 **Clinical pathways opportunities**
Clinical care and judgment is necessary in all matters, the following opportunities are intended as a guide only.

Test/Treatment Received	Condition	Test / Treatment	Date of service of most recent claim 9
Yes	CAD	Lipid regulator medication	2/06/2011
Yes	CAD	Beta blocker medication	5/05/2011
Yes	CAD	Cholesterol test	17/01/2011

6 months of history included for medication opportunities and 12 months of history for test/treatment opportunities.

1. Patient's DVA Gold Card number.
2. How likely a patient is to be readmitted to hospital in the next 12 months, against the overall DVA Gold Card population. The higher the rank, the more likely a patient is to be readmitted to hospital. The range of the admission risk rank is 0–100.
3. The relevant conditions targeted by the CVC Program – Coronary Artery Disease, COPD, Diabetes, CHF, Pneumonia will appear if applicable to the patient.
4. Other selected high risk conditions may appear if applicable for the patient such as Hypertension, Depression, Cancer, Kidney disease, Osteoporosis, Lower back pain, Atrial Fibrillation, Hyperlipidemia, Asthma.
5. As paid by DVA.
6. May also include specialist visits, where a specialist is also a registered GP.
7. Primary treatment applied for each admission. In some cases, this may not appear as it may not have been received by DVA.
8. Clinical pathways opportunities represent the tests and treatment regimes for each patient's chronic condition/s. It is for you, the GP, to decide if the treatments listed are appropriate for your patient/s and the table should be viewed as suggested opportunities only.
9. When the test or treatment was conducted or received for the most recent claim.

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Patient Overview

This section provides an overview of all your patients enrolled in the CVC Program, and includes patient specific information including name, DVA identifier, gender and age.

The admission risk rank identifies how likely a patient is to be readmitted to hospital within the next 12 months, against the overall DVA Gold Card population.

The inpatient, outpatient and bed days fields give a snapshot of how many admissions, visits and number of days in hospital patients have had in the previous 12 months (excluding same day visits).

If your patient has one or more of the five conditions targeted by the CVC Program, clinical pathways opportunities will be indicated by the number of tests and treatment regimes recommended for each patient's chronic condition/s.

Patient Condition Overview

This section highlights which of the five chronic conditions targeted by the CVC Program each of your patients may currently have. This section takes into account all history for four of the targeted conditions (Diabetes, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease) and the previous 36 months for the remaining targeted condition – Pneumonia.

The ICD-10 AM diagnosis and procedure codes at any position (not restricted to primary diagnosis or procedure only), MBS, prostheses and a few ancillary item numbers were used from the claims to identify the conditions that the patients have. Pharmacy claims were ***not*** included for the condition identification.

Individual Patient Treatment Report

The date of the PTR is identified in the top left corner of the first page. This is the date up to which the claims history has been included.

Each patient is identified in the top right corner with their name, DVA identifier, age and gender.

Admission Risk Rank

Bupa Health Dialog, on behalf of DVA, has used DVA payments data to develop and implement a DVA specific predictive admission/re-admission risk model. The model output includes an admission risk rank that identifies how likely a patient is to be readmitted to hospital within the next 12 months, against the overall DVA Gold Card population. The range of the admission risk rank is 0 – 100. The higher the rank, the higher is the risk of the patient being admitted to hospital compared to the overall Gold Card population. Factors which are included in the formulation of the admission risk rank include, but are not limited to:

- chronic conditions
- medical and hospital costs
- number of overnight admissions
- length of time since last admission
- length of time between the last two admissions
- medical procedures.

Chronic and other high risk conditions

This section highlights which of the five chronic conditions are targeted by the CVC Program:

- Diabetes
- Coronary Artery Disease
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- Pneumonia,

and other selected high risk conditions that your patients may have. If your patients don't have any of these conditions, this section will be left blank.

Other selected high risk conditions include Hypertension, Depression, Cancer, Kidney disease, Osteoporosis, Lower back pain, Atrial Fibrillation, Hyperlipidemia and Asthma.

Patients who have been identified with Diabetes, Congestive Heart Failure, Coronary Artery Disease and Chronic Obstructive Pulmonary Disease at any stage will always be highlighted in this section, regardless of their current condition status.

For all other conditions listed, including Pneumonia, patients who have been diagnosed in the last 36 months only will be identified.

Services received in the previous 12 months

This section outlines the types of services and interactions the patient has received in the previous 12 months. Where applicable, further information on recent hospitalisations and medications has been provided in a separate table.

GP visits may include patient visits to their GP/s, and/or specialist/s where the specialist is also registered as a GP.

Patient history report for the past 6 months

This table outlines specific details for the patient's overnight hospital admissions over the past 6 months, prior to the date of the report.

Overnight admissions – refers to the date of the admission. Discharge date refers to when the patient left the hospital following treatment.

Diagnosis code and description – refers to the primary diagnosis made when the patient was admitted for each event.

Procedure code and description – outlines the primary treatment which was applied for each admission. In some cases, this information may not appear as it may not have been received by DVA.

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Allied Health Professionals (AHP) history for the past 3 months

This highlights the number of visits to AHPs in the last 3 months along with the date of most recent service. Each AHP type will appear on a separate line. The following AHPs will be included:

- Chiropractic
- Dental
- Diabetes Educators
- Dietetics
- Exercise Physiologists
- Occupational Therapy
- Optical
- Orthotists
- Osteopathic
- Physiotherapy
- Podiatry
- Psychology
- Social Work
- Speech Pathology

Medication history for the past 3 months

The medication table describes the name of the medication (drug name), strength and how many times the medication has been filled in the last 3 months, as available to DVA. The date provided is the 'Date Last Filled' and identifies the most recent fill date for each medication-strength combination.

If the strength of a given medication changes, this will appear as a new line.

Clinical Pathways Opportunities

Clinical pathways opportunities represent the tests and treatment regimes for each patient's chronic condition/s. **It is for you, the GP, to decide if the treatments listed are appropriate for your patient/s and the table should be viewed as suggested opportunities only.**

In the development of the PTR, DVA has referenced guidelines established by the relevant national bodies in Australia to identify certain elements of clinical care that might be identified by a DVA payment. Where no payments of these types have been made by the DVA, it is for you, the GP to decide if the treatments listed are appropriate for your patient/s and the table should be viewed as suggested opportunities only.

The guidelines used are listed below:

Coronary Artery Disease

National Heart Foundation and the Cardiac Society of Australia and New Zealand.

Reducing the risk of heart disease 2007 (updated 2008).

Retrieved October 2011, from http://www.heartfoundation.org.au/SiteCollectionDocuments/Reduce-risk-in-heart-disease-guideline.pdf

Congestive Heart Failure

National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand (Chronic Heart Failure Guidelines Expert Writing Panel) (2011, October).

Guidelines for the prevention, detection and management of Chronic Heart Failure in Australia.

Retrieved October 2011, from http://www.heartfoundation.org.au/SiteCollectionDocuments/Chronic_Heart_Failure_Guidelines_2011.pdf

Diabetes

Royal Australian College of General Practitioners and Diabetes Australia.

Diabetes management in general practice Seventeenth edition 2011/12 Guidelines for Type 2 diabetes.

Retrieved October 2011, from http://www.racgp.org.au/Content/NavigationMenu/ClinicalResources/RACGPGuidelines/Diabetesmanagement/201107diabetesmanagementingeneralpractice.pdf

Chronic Obstructive Pulmonary Disease

The Australian Lung Foundation and the Thoracic Society of Australia and New Zealand.

Australian and New Zealand Guidelines for the management of chronic obstructive pulmonary disease 2011.

Retrieved October 2011, from http://www.copdx.org.au/executive-summary

According to the claims paid by the DVA to date, the test/treatment column indicates if the patient has received (yes) or has not received (no) the tests and/or treatments as outlined in the guidelines for each condition. Note: some tests and/or treatments may not be included if claims have not been paid by DVA. This is limited to the following conditions:

- Diabetes
- Congestive Heart Failure
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease.

The condition field outlines the specific disease that the tests and treatments are relevant for.

The most recent claim date represents when the test or treatment was last conducted or received.

Frequently Asked Questions

Does the Patient Treatment Report include all of my patients?

The Patient Treatment Report (PTR) only includes information on those patients that you have currently enrolled on the CVC Program. Should you enrol any new patients on the program, you will receive subsequent PTRs for them in the quarter following their enrolment.

Why has the Patient Treatment Report been sent to me?

You have received the PTR because you have a patient or patients enrolled on the CVC Program. The PTR is a practice support tool for GPs.

Who produces the Patient Treatment Report?

The PTR is produced by Bupa Health Dialog on behalf of the Coordinated Veterans' Care Program, a Department of Veterans' Affairs initiative.

Will I always receive hard copies of the report?

Each time you enrol a new veteran on the CVC Program, you will receive the first quarterly report in hard copy format. Future reports are planned for online delivery.

How is the data in the report sourced?

The PTR is sourced from claims data, as held by DVA.

- Hospital – includes public and private hospitals
- Medical – includes claims from GP visits, specialist visits, and other medical services received during a hospital admission
- Prostheses – includes claims associated with prosthetics, human tissue and associated materials used during a hospital admission
- Ancillary – includes claims associated with allied health professionals, dental, optical and associated services
- DVA specific – including services provided specifically for veterans, including community nursing services and Veterans' Home Care services
- Pharmacy – including medications the patient is currently on.

Can I give the report to my patients?

The PTR is intended to be a tool for you, as the GP, to use to support you in delivering care to patients with chronic illness, and as such contains sensitive patient information and is confidential. The information contained in the PTR may only be used or disclosed for the purposes of the CVC Program. The PTR must be handled confidentially and strictly in accordance with the Privacy Act 1988 (Cth), and any health records legislation that may be applicable in your State or Territory. The PTR remains the property of the Department of Veterans' Affairs.

Who can I contact for more information and give feedback?

For more information and give feedback on the Patient Treatment Report please contact the **CVC Provider Helpline:**

- Call 1300 550 597
- Email: info@cvchelpline.net.au

Where can I find more information?
Call 1300 550 597
Email info@cvchelpline.net.au
Visit www.dva.gov.au/cvc.htm

Glossary

Admission risk rank – how likely a patient is to be readmitted to hospital within the next 12 months, against the overall DVA Gold Card population on a scale 0–100.

AHP – Allied Health Professionals

Australian Medical Guidelines – reference materials used to identify clinical pathways opportunities for patients with chronic conditions

CAD – Coronary Artery Disease

CHF – Congestive Heart Failure

Chronic Condition identification – this is established through the use of diagnosis, procedure and MBS item numbers to identify which chronic condition/s a patient has

Claim date – when the test or treatment was last conducted or received by the patient

Clinical Pathways Opportunities – Clinical pathways opportunities represent the tests and treatment regimes recommended for each patient's chronic condition/s. It is for you, the GP, to decide if the treatments listed are appropriate for your patient/s and should be viewed as suggested opportunities only

CN – Community Nurse

COPD – Chronic Obstructive Pulmonary Disease

CVC Program – Coordinated Veterans' Care Program

CVC targeted chronic conditions – the five conditions targeted by the CVC Program, being Diabetes, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease and Pneumonia

Discharge – the date a patient left the hospital

DVA – Department of Veterans' Affairs

DVA Identifier – the number which appears on a patient's Gold Card and identifies them to DVA

Gold Card – Gold Repatriation Health Card that entitles the holder to DVA funding for all health services according to clinical need.

Hospital utilisation:

- Inpatient same day admissions – an admission and discharge date were on the same day
- Inpatient overnight admissions – where admission and discharge dates are at least one day apart.

MBS – Medicare Benefits Schedule

Outpatient utilisation:

- GP Visits – the number of visits a patient has had with any GP, including multiple GPs
- Specialist visits – the number of visits to any specialist
- Community Nurse visits – the number of visits to or from a community nurse
- Total VHC hours – number of hours received under Veterans' Home Care services

Overnight admissions – admissions where a patient has been in hospital overnight

PTR – Patient Treatment Report, a practice support tool to provide evidence-based care for chronic illness

Specialist – specialists may be referred to in the report where a specialist is also registered as a GP

Total Bed days – number of days a patient has been in the hospital

VHC – Veterans' Home Care

For more information:

Call 1300 550 597

Email info@cvchelpline.net.au

Visit www.dva.gov.au/cvc.htm

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The Coordinated Veterans' Care Program is a Department of Veterans' Affairs initiative, supported by primary service provider, Bupa Health Dialog.

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